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AUTHOR Bodden, Jack L.; And Others
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ABSTRACT

To evaluate the vocational rehabilitation program at the Olin E. Teague Veteran's Administration Center, Texas, in relation to client outcomes (i.e., employment status, prediction of outcomes, and services crucial to a positive outcome), 202 former clients were sent follow-up questionnaires. Measured variables included demographic information, referral information, level of services used, amount or number of services used, and outcomes. An analysis of the results (response rate of 66%) showed that approximately 40% of the clients were employed, 22.7 % were unemployed, 17.3 % were actively searching, were in training or doing volunteer work, and 19.3 % were patients. The data suggested that young male referrals from outpatient psychiatry have the best chance for a positive outcome. Quick movement from initial intake to the final level of services, with few intermediate steps, is the most beneficial for employment. The most productive services are those involving placement activity. Traditional services such as counseling and testing seem to be of little value, although this finding may be confounded by patient disability level, in that patients needing the most counseling and pre-placement services also carry a poorer vocational prognosis. Further research is needed to clarify the effectiveness of counseling in rehabilitation services. Numerous tables present the findings. (BL)

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VOCATIONAL REHABILITATION IN THE V.A.: AN OUTCOME STUDY

Jack L. Bodden
Ed Hartwell
Olin E. Teague
Veterans Administration Medical Center
Temple, Texas

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VOCATIONAL REHABILITATION IN THE V.A.: AN OUTCOME STUDY

Jack L. Bodden, Ph.D.
&
Ed Hartwell, M.A.

Olin E. Teague V.A. Center
Temple, Texas

During the past year, the Psychology Service has done follow-up work in order to evaluate the Vocational counseling/rehabilitation program. Ed Hartwell, Vocational Rehabilitation Specialist, mailed questionnaires to about three hundred of his former clients in an effort to assess their present vocational status. The response from this inquiry was remarkably good, with a return rate of approximately 66%.

The present study had several objectives: (1) to determine what percentage of VR clients have gained employment (or at least made significant progress towards that end); (2) to determine whether or not it is possible to predict the outcome of a VR intervention by using readily obtainable data; and (3) to determine what VR services are most crucial to a positive case outcome.

The study was based upon a useable sample of questionnaires from 202 former VR clients seen by Ed Hartwell. The mean age of the sample was 43 years. The sample was made up of mostly non-service connected males. Although the return rate on the questionnaire was very good, it is not known whether or not there may be any important differences between those who responded to the inquiry and those who did not. However, due to the large sample size, it was probably a fairly representative sample of VR clients seen at the Olin E. Teague V.A.

MEASURES:

Several variables relating to the client and the service(s) which he/she received were evaluated. Those variables included in the evaluation were as follows: (1) Age (2) Sex (3) NSC/SC status (4) The Referral Source (5) the Highest Level of service (i.e., how far the client went in the hierarchy of VR services) (6) the Amount of Services (i.e., the number of steps taken in moving the client through the hierarchy of VR services) (7) a review of each VR service and its impact on the process (8) a measure of Outcome.

Age was simply the chornological age of the patient. Sex was recorded as a 1 for male and 2 for female. NSC/SC status was arranged into a 3-point scale, with a 1 for NSC, a 2 for SC ($< 50\%$) and a 3 for SC ($=> 50\%$). Referral Source was an indication of the area of the hospital which initiated the referral to VR. It was

arranged into a nominal-type scale, as follows: 1=Inpatient Psychiatry, 2=ADTP, 3= Inpatient Med/Surg, 4= Spinal Cord (none of these), 5= RSM (none of these), 6=Dom., 7= N.H., 8= Outpatient Psychiatry, 9= Outpatient Med/Surg, and 10= Outpatient ADTP.

Level of Services was arranged into an ordinal scale as follows: 1= Assessment, 2= Guidance, 3= Work Restoration, 4= Vocational Placement-Training Referrals, and 5= Services. This represents the formal hierarchy of VR services as offered by the V.A.

Amount of Services reflects the actual number of services subsumed under the 5 levels noted above. For example, under Assessment, are three possible services which may or may not be offered to a given client: Intake, Vocational Testing, and Work Evaluation. The Amount of Services Scale was an ordinal scale with a potential range from 1-17.

Disposition or Outcome was measured by using the various follow-up status categories (taken from VA Form 10-0025a). The categories seemed to reflect a hierarchy of outcomes as follows: 8= Employed (obviously the highest ratings and most positive outcome), 7= Active (genuine) Job Search, 6= In Training, 5= Patients back in the Hospital (this was actually somewhat of an unknown group, but they seemed to have slightly more potential than levels 2 & 1), 2= Dom residents (not in I.T.), and 1= Unemployed (and not really seeking work).

RESULTS:

A breakdown by outcome of the 202 cases sampled was as follows:

Employed - 55 (27.2%)
Active Search - 13 (6.4%)
In Training - 19 (9.4%)
Volunteer Work - 3 (1.5%)
V.A. Paid workers - 27 (13.4%)
Hosp. Patients - 9 (4.5%)
Dom. Patients - 30 (14.8%)
Unemployed - 46 (22.7)

MULTIPLE REGRESSION ANALYSIS:

The multiple regression analysis used the following predictor variables: age, nsc/sc, sex, highest level of svc., and amount of service. The dependent or criterion variable was the case Disposition or Outcome rating.

The multiple correlation (R) was .27, $p < .01$. While the correlation was significantly greater than chance, it accounted for approximately 7.4% of the variance in the dependent variable. In the regression equasion for predicting outcome, age was weighted negatively, as was SC status, sex, and amount of service. The highest level of service had a strong possitive weighting.

Inspection of the individual correlation values showed a modest negative correlation (-.24) between age and outcome and a small positive correlation (.11) between highest level of service and Disposition. There was also a significant positive correl. (.23) between being SC and the amount of services received.

CHI SQUARE (CONTINGENCY COEFF.) ANALYSIS:

Chi square analysis showed a significant ($p < .01$) and a fairly strong ($C = .53$) relationship between referral source and outcome. Referrals from Outpatient Psychiatry and ADTP tended to have better outcomes, while referrals from the Dom. and Outpatient Med/Surg had poorer outcomes.

The Guidance Service of Education Skills was significantly ($p < .01$) associated with outcome; however, inspection of the cell totals indicated that the relationship was negative. The strength of the relationship was modest ($C = .29$).

Transitional Employment service was found to have a significant relationship with outcome ($C = .34$), $p < .01$). The relationship also appeared to be negative in nature.

The two services dealing primarily with placement work, Job Development and TEC referral were found to be related to outcome in a positive manner. The contingency coefficient for the relationship between Job Development and Outcome was .39. The C value for the relationship between TEC referral and outcome was .25 ($p < .07$).

All other relationships were non-significant.

CONCLUSIONS:

1. In order to maximize the chances for a positive outcome among potential VR clientele, the data suggests that clients should have the following characteristics: (1) be young; (b) be male; (c) be NSC; and (d) be referred from Outpatient Psychiatry or from ADTP.

2. The data also suggest that clients should be moved from initial intake to the final level of VR services as quickly (and with as few intermidiate services) as possible.

3. Finally, it seems that the most productive VR services are those involving placement activity. Further, traditional services such as counseling and testing seem to be of little value (and may even have a slightly negative influence), probably because they may delay placement services. An alternative explanation is that the results are confounded with patient disability level. That is, more severely disabled/impaired patients may require more counseling and pre-placement services, and they also carry a poorer prognosis vocationally. This possibility could, of course, make it appear that counseling and other pre-placement services don't do much. It remains for future investigations to clarify this issue.

TABLE OF MEANS and STANDARD DEVIATIONS

VARIABLE	MEAN	STANDARD DEVIATION
Age	43.0	11.20
NSC/SC	1.32	.60
Sex (1=m 2=f)	1.05	.33
Highest Level (of service)	3.51	1.50
Amount of Service	3.82	1.70
Outcome (Disposition)	4.51	2.78

REFERRAL SOURCE

DISPOSITION/OUTCOME	Inpatient Psychiatry (1)	Alcohol Treat. (2)	Inpatient Med/Surg. (3)	Spinal Cord (4)	RSM (5)	DOM (6)	Nursing Home (7)	OutPt. Psych (MHC) (8)	OutPt. Med/ Surg (9)	OutPt. Alcohol (10)
8. (Employed)	2	12	2	-	-	26	0	9	4	0
7. (Active Job Search)	1	4	2	-	-	6	0	0	0	0
6. (In Training)	2	4	2	-	-	8	0	2	1	0
5. (Volunteer Work)	0	2	0	-	-	0	0	0	1	0
4. (V.A. Paid I.T. Worker)	1	2	1	-	-	23	0	0	0	0
3. (DOM. Patient Back in Hospital)	1	4	0	-	-	3	0	0	0	0
2. (DOM. Res Not in I.T.)	1	3	0	-	-	24	0	0	0	1
1. (Unemployed) Not Looking	3	1	8	-	-	14	1	4	13	0

$C = .53$

$p < .01$

INTAKE INTERVIEW

	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	1	54
7	0	13
6	0	19
5	0	3
4	1	26
3	1	8
2	0	30
1	0	46
Total	3	199

$X^2 = 8.32$
df = 7
$p > .05$

GUIDANCE PSYCHO-SOCIAL SKILLS

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	45	10
7	11	2
6	17	2
5	3	0
4	21	6
3	7	2
2	19	11
1	42	4
Total	165	37

$X^2 = 11.48$

df = 7

$p > .05$

GUIDANCE - EDUCATIONAL SKILLS

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	47	8
7	11	2
6	17	2
5	3	0
4	22	5
3	8	1
2	18	12
1	44	2
Total	170	32

$X^2 = 19.03$
df = 7
$p < .01$
c = -.29

GUIDANCE - LIAISON DVB

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	43	12
7	12	1
6	12	7
5	2	1
4	25	2
3	6	3
2	25	5
1	37	9
Total	162	40

$X^2 = 9$

df = 7

$p > .05$

VOCATIONAL TESTING

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	22	33
7	4	9
6	7	12
5	1	2
4	14	13
3	4	5
2	12	18
1	16	30

$X^2 = 2.77$

df = 7

$p > .05$

VOCATIONAL COUNSELING

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	15	40
7	1	12
6	4	15
5	0	3
4	3	24
3	2	7
2	3	27
1	10	36
Total	38	164

$X^2 = 7.29$

df = 7

$p > .05$

VOCATIONAL PLACEMENT -SELF DIRECTED

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	51	3
7	10	3
6	18	1
5	3	0
4	24	3
3	8	0
2	27	2
1	46	0
Total	187	12

$X^2 = 11.63$

$df = 7$

$p > .05$

VOCATIONAL - JOB DEVELOPMENT

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	54	1
7	13	0
6	19	0
5	2	1
4	27	0
3	9	0
2	30	0
1	46	0
Total	200	2

$X^2 = 33.84$

df = 7

p < .01

c = .39

SERVICES - VBS

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	46	9
7	12	1
6	12	7
5	3	0
4	24	3
3	6	3
2	27	3
1	39	7
Total	169	33

$X^2 = 10.51$

df = 7

$p > .05$

47/27

SERVICES - OTHER DVB

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	51	4
7	13	0
6	15	4
5	3	0
4	26	1
3	8	0
2	30	0
1	42	4
Total	188	14

$X^2 = 11.19$
df = 7
$p > .05$

SERVICES - STATE V.R.

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	41	14
7	11	2
6	14	5
5	1	2
4	21	6
3	7	2
2	28	2
1	32	14
Total	155	47

$X^2 = 9.84$
df = 7
p = > .05

SERVICES - EMPLOYMENT SER.

DISPOSITION (outcome)	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	49	6
7	10	3
6	19	0
5	3	0
4	21	6
3	8	1
2	28	2
1	45	1
Total	183	19

$X^2 = 13.6$
df = 7
$p <$ .10
(marginal)

WORK - PRE VOCATIONAL

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	52	3
7	10	3
6	17	2
5	3	0
4	21	6
3	8	1
2	19	11
1	46	0
Total	176	26

$X^2 = 28.51$

df = 7

$p < .01$

c = -.35

WORK TRANSITIONAL

DISPOSITION	SERVICE NOT PROVIDED	SERVICE PROVIDED
8	51	4
7	13	0
6	18	1
5	3	0
4	18	9
3	8	1
2	25	5
1	46	0
Total	182	20

$X^2 = 25.87$

df = 7

$p < .01$

c = -.34